

<b>SOUTHWESTERN</b> THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS	NAME: _____
	DEPT: _____
5323 Harry Hines Blvd., Dallas, Texas 75390-_____	
RETURN POSTAGE GUARANTEED	
PLEASE CHECK ONE	<input type="checkbox"/> AIRMAIL <input type="checkbox"/> FIRST CLASS
	<input type="checkbox"/> FOURTH CLASS <input type="checkbox"/> PRINTED MATTER
<b>TO:</b>	

Form 1077 (Rev 1/2000)

<b>SOUTHWESTERN</b> THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS	NAME: _____
	DEPT: _____
5323 Harry Hines Blvd., Dallas, Texas 75390-_____	
RETURN POSTAGE GUARANTEED	
PLEASE CHECK ONE	<input type="checkbox"/> AIRMAIL <input type="checkbox"/> FIRST CLASS
	<input type="checkbox"/> FOURTH CLASS <input type="checkbox"/> PRINTED MATTER
<b>TO:</b>	

Form 1077 (Rev 1/2000)

<b>SOUTHWESTERN</b> THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS	NAME: _____
	DEPT: _____
5323 Harry Hines Blvd., Dallas, Texas 75390-_____	
RETURN POSTAGE GUARANTEED	
PLEASE CHECK ONE	<input type="checkbox"/> AIRMAIL <input type="checkbox"/> FIRST CLASS
	<input type="checkbox"/> FOURTH CLASS <input type="checkbox"/> PRINTED MATTER
<b>TO:</b>	

Form 1077 (Rev 1/2000)

<b>SOUTHWESTERN</b> THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS	NAME: _____
	DEPT: _____
5323 Harry Hines Blvd., Dallas, Texas 75390-_____	
RETURN POSTAGE GUARANTEED	
PLEASE CHECK ONE	<input type="checkbox"/> AIRMAIL <input type="checkbox"/> FIRST CLASS
	<input type="checkbox"/> FOURTH CLASS <input type="checkbox"/> PRINTED MATTER
<b>TO:</b>	

Form 1077 (Rev 1/2000)